DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-2571 (Rev. 10/2004)

STATE OF WISCONSIN

CARETAKER SUPPLEMENT APPLICATION

NOTE: Before completing this form, read the instructions (DDE-2571A). Print using black or blue ink. Use an additional sheet of paper if more space is needed.

SECTION I - CLIENT INFORMATION

Name of Person Applying for Caretaker Supplement (Last, First, MI)	Telephone Number (Include area code)

Address of Person Applying for Caretaker Supplement (Street, City, State, Zip Code)	Mailing Address (Only if different from residence)

SECTION II - GENERAL INFORMATION

Refer to instructions to complete this section.

Name of all Family Members Living in Your Household Name (Last, First, MI)	Social Security * Number (SSN) (Applicants Only)	Date of Birth (mm/dd/yyyy)	Gender	Marital Status Code	US Citizen (Applicants Only)	Race or Ethnic Code (Optional)	Relationship to Applicant
			☐ M ☐ F		☐ Yes ☐ No		
			☐ M ☐ F		☐ Yes ☐ No		
			☐ M ☐ F		☐ Yes ☐ No		
			☐ M ☐ F		☐ Yes ☐ No		
			☐ M ☐ F		☐ Yes ☐ No		
			☐ M ☐ F		☐ Yes ☐ No		
			☐ M ☐ F		☐ Yes ☐ No		
			☐ M ☐ F		☐ Yes ☐ No		
			☐ M ☐ F		☐ Yes ☐ No		
			☐ M ☐ F		☐ Yes ☐ No		

* Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants to receive Caretaker Supplement (CTS), but does not want to provide his or her SSN or apply for one, will not be eligible for benefits, pursuant to Wis. Stats. sec. 49.82(2).

SECTION III - ABSENT PARENT INFORMATION

☐ Yes ☐ No Do any children have a natural or adoptive mother or father who is not living at home? If "Yes" complete below. If "No" go to Section IV.

Name of Parent (Last, First, MI)	Social Security Number	Date of Birth (mm/dd/yyyy)	Name(s) of Child(ren)	Relationship to Child
				☐ Mother ☐ Father
				☐ Mother ☐ Father

Reason for Parent's Absence	Date Parent Left Household	Date Last Contact With Parent	Court Order of Divorce / Paternity		
			Case Number	County	State

SECTION IV - EMPLOYMENT

☐ Yes ☐ No Are you or any household members working? ☐ Yes ☐ No Is anyone listed below a migrant worker?
If you answered "Yes", complete below. If "No", go to Section V.

1. Name of Working Person | Name of Employer

Address of Employer (Street, City, State, Zip Code): asdf | Employer's Telephone Number: asdf

Date Employment Began (mm/dd/yyyy) | Gross Monthly Earnings Expected This Month (Before taxes and deductions) | Gross Monthly Earnings Expected Next Month (Before taxes and deductions)

2. Name of Working Person | Name of Employer

Address of Employer (Street, City, State, Zip Code) | Employer's Telephone Number: asdf

Date Employment Began (mm/dd/yyyy): sdf | Gross Monthly Earnings Expected This Month (Before taxes and deductions) | Gross Monthly Earnings Expected Next Month (Before taxes and deductions)

SECTION V - SELF-EMPLOYMENT

☐ Yes ☐ No Are you or any household members self-employed? If you answered "Yes", complete below. If "No", go to Section VI.

1. Name (Last, First, MI) | Name of Business

Address of Business (Street, City, State, Zip Code) | Type of Business

Net Annual Income $ | Depreciation Amount Claimed $ | Income You Expect to Earn This Year $

2. Name (Last, First, MI) | Name of Business

Address of Business (Street, City, State, Zip Code) | Type of Business

Net Annual Income $ | Depreciation Amount Claimed $ | Income You Expect to Earn This Year $

SECTION VI - UNEARNED INCOME Refer to instructions to complete this section.

☐ Yes ☐ No Does anyone in your household receive unearned income? If you answered "Yes", complete section below for each income type. If "No", go to Section VII.

Type of Income	Yes / No	Name of Person Receiving Unearned Income	Gross Monthly Amount
Social Security / Supplemental Security Income (SSI)	☐ Yes ☐ No		$
Maintenance / Child Support	☐ Yes ☐ No		$
Workers Compensation	☐ Yes ☐ No		$
Unemployment Insurance	☐ Yes ☐ No		$
Disability / Sick Pay	☐ Yes ☐ No		$
Interest / Dividends	☐ Yes ☐ No		$
Veterans Benefits	☐ Yes ☐ No		$
***Other Income - List type(s) below:**			
	☐ Yes ☐ No		$
	☐ Yes ☐ No		$
	☐ Yes ☐ No		$

SECTION VII - ASSETS

List all assets owned by the applicant(s). Include assets owned jointly. Do not include the value of personal household belongings, unless of unusual value. Do not include assets of any household member that is receiving SSI. List vehicles in Section VIII.

	Type of Asset	Name of Owner(s)	Current Value	Description (e.g., Bank / Financial Institution Name, Account Number)
1.	Cash		$	
	Cash		$	
2.	Checking Account		$	
	Checking Account		$	
3.	Savings Account		$	
	Savings Account		$	
4.	Real Estate / Property		$	
	Real Estate / Property		$	
5.	Burial Assets / Burial Insurance		$	
	Burial Assets / Burial Insurance		$	
6.	Life Insurance		$	
	Life Insurance		$	
***Other Asset Type - List**				
7.			$	
			$	

***OTHER ASSET TYPES:** Certificate of Deposit, trust funds or life estates, stocks, bonds, IRA, Keogh Plan or other tax shelter, farm equipment, livestock, personal property of exceptional value (art collections, coin collections, jewelry, etc.), land contracts and mortgages, etc.

SECTION VIII - VEHICLE INFORMATION

List all vehicles owned by applicant(s). Include vehicles owned jointly with another person.

1.	Vehicle Type	Vehicle Year, Make and Model	Name of the Owner(s)
	Amount Still Owed on This Vehicle $	Vehicle is Used to Get to Medical Appointments ☐ Yes ☐ No	Vehicle is Used for Employment, Training, School or Farming ☐ Yes ☐ No
2.	Vehicle Type	Vehicle Year, Make and Model	Name of the Owner(s)
	Amount Still Owed on This Vehicle $	Vehicle is Used to Get to Medical Appointments ☐ Yes ☐ No	Vehicle is Used for Employment, Training, School or Farming ☐ Yes ☐ No

SECTION IX - CHILD SUPPORT

Child Support is Being Paid	Name of Person Paying Child Support	Name of Person Who Receives the Child Support Payments	Monthly Amount
☐ Yes ☐ No			$

SECTION X - PREGNANCY

Are any Members of Your Household Pregnant?	Names of Any Pregnant Women
☐ Yes ☐ No	

Due Date(s) (mm/dd/yyyy)

☐ Yes ☐ No Are multiple births expected? If "Yes" number of babies expected:

SECTION XI - RIGHTS AND RESPONSIBILITIES

Read the Rights and Responsibilities section in the Instructions before signing this form.

☐ I understand the questions and statements on this application form.

☐ I understand the penalties for giving false information or breaking the rules.

☐ I certify, under penalty of false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship status of each household member applying for benefits.

☐ I understand and agree to provide documents to prove what I have said.

☐ I understand that the agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

SIGNATURE - Applicant or Authorized Representative

Date Signed